

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/13/2015
NAME OF PROVIDER OR SUPPLIER MANCHESTER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 395 INTERSTATE DRIVE MANCHESTER, TN 37355		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=E	<p>During the annual Recertification survey and complaint investigation numbers 36023, 35157, and 34272, conducted on May 11-13, 2015, at Manchester Health Center, no deficiencies were cited in relation to complaints 36023 and 34272 under 42 CFR PART 483, Requirements for Long Term Care.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, facility investigation review, and interview, the facility failed to follow policy on investigation of misappropriation of resident's funds for four residents (#100, #116, #47, and #8) of five residents reviewed for abuse, of thirty-six residents reviewed.</p> <p>The findings included: Review of the policy Abuse Prevention Standard, with revised date 2013, revealed "...All alleged violations involving mistreatment, abuse or neglect will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with the state and federal law...An immediate investigation into the alleged incident, during shift if occurred on, is initiated as</p>	F 226	<p><u>F 226 Develop/Implement abuse/neglect, etc. policies.</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Residents #100, #116, #47, and #8, will be interviewed by NHA on or before June 27, 2015, to ensure the residents are satisfied with outcome of missing funds incident. Missing funds have already been reimbursed to resident #100, #116, 47, and #8, on January 26, 2015.</p>	6/27/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

CM Green NHA

6-5-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>follows: 1. Complete incident report in PCC (Point Click Care electronic record). a. Supervisor shall complete resident incident report at time of incident/event. b. follow up and investigation results are completed per policy time zone and by appropriate personnel. 2. Interview the resident or other resident witnesses. 3. Interview the staff member implicated. Interviewer is to document the staff member's knowledge and/or version of the incident in a written narrative. 4. Interview all staff on that unit, as well as other staff other available witnesses. Interviewer is to document the staff's knowledge of the incident in a written narrative, signed and dated...An incident report is to be completed, to include the written summary of the investigation and facility actions taken..."</p> <p>Medical record review revealed Resident #100 was admitted to the facility on 6/18/14 with diagnoses including Dementia, Psychosis, Anxiety, Hypertension, Muscle Weakness, and Congestive Heart Failure.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated 4/9/15, revealed the resident had a BIMS (Brief Interview for Mental Status) of 10 (the resident was moderately impaired).</p> <p>Review of a Missing Item Report dated 11/14/14, revealed Resident #100 was missing twenty dollars. Further review revealed Certified Nurse Aide (CNA) #1 immediately reported the loss of the resident's money. Further review revealed "... [CNA #1] reported that resident's daughter gave money to resident during evening of 11/12/ and it was noticed missing on the morning of 11/13/14. Staff on hall and Social Service Director searched drawers in resident's room but no money found...Action taken: Reported to Administrator..."</p>	F 226	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>NHA, or designee, met with each resident at the facility on or before June 16, 2015 to determine if there were any issues regarding misappropriation of funds. Each resident has a completed Inventory of Personal Effects Form in their medical chart stating what personal belonging they currently have in their rooms. This was completed on or before 6/16/2015.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>NHA, DON were re-educated on 5/18/2015 on facility abuse policy and procedures by Regional Quality Improvement coordinator (QIS). Facility department heads</p>		

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F 226	<p>Continued From page 2</p> <p>Continued review revealed the "further action necessary" and "referred to" sections of the form were not completed.</p> <p>Review of the investigation for the missing money revealed no documentation of investigative findings.</p> <p>Interview with Resident #100 on 5/12/15, at 1:46 PM, in the resident's room, revealed the resident had twenty dollars missing from the top drawer in her room in November. Continued interview confirmed the facility returned the twenty dollars to the resident's account.</p> <p>Medical record review revealed Resident #116 was admitted to the facility on 3/1/13 and readmitted on 5/8/15 with diagnoses including Dementia, Congestive Heart Failure, Schizophrenia, Acute and Chronic Respiratory Failure, Hypertension, Muscle Weakness, and Diabetes.</p> <p>Review of the Quarterly MDS dated 3/12/15, revealed the resident had a BIMS of 15 (the resident was cognitively intact).</p> <p>Review of a Missing Item report dated 11/14/14, revealed CNA #1 reported Resident #116 had four dollars missing. Further review revealed the "description of the investigation" section was not completed. Continued review revealed "...Action taken: Reported to Administrator..." Further review revealed the "further action necessary" and "referred to" sections of the form were not completed.</p> <p>Review of the investigation for the missing money revealed no documentation of investigative</p>	F 226	<p>were then educated on proper investigation and interview procedures on 5/28/2015 by DON and NHA. All ancillary staff and clinical staff will be educated by NHA, DON, or designee, on abuse policy and investigated process will be completed by June 18, 2015. Staff will be educated on Inventory of Personal Effects form by DON, NHA, or designee. Facility NHA and DON reviewed last thirty days of concerns and grievances on June 4, 2015 to audit any missing fund report to ensure policy was followed and full investigation was complete. We interviewed two residents for missing funds to ensure proper investigations were done. Audits and investigations were done on June 4, 2015.</p> <p>Any future investigations involving residents affected by the same deficient practice, we will be initiating an incident report in PCC immediately. Follow up investigation results are completed by NHA, or designee per policy and appropriate personnel. Facility NHA, or designee, will interview residents and staff members implicated. NHA, or designee, is to</p>		

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F 226	<p>Continued From page 3 findings.</p> <p>Interview with resident #116 on 5/12/15 at 1:52 PM, in the resident's room, revealed the resident had four dollars in a bucket stored in her room in November. Continued interview revealed the resident did not realize the money was missing from the bucket for three days. Further interview revealed the resident was unsure of what happened to the money. Continued interview confirmed the facility refunded the resident's account in the amount of four dollars.</p> <p>Medical record review revealed Resident #47 was admitted to the facility on 7/19/11 with diagnoses including Cellulitis and Abscess of Leg, Insomnia, Hypertension, Vascular Dementia, Adjustment Disorder, Congestive Heart Failure, Anxiety, and Depression.</p> <p>Review of the Annual MDS dated 3/7/15 revealed the resident had a BIMS of 12 (the resident was cognitively intact).</p> <p>Interview with Resident #47 on 5/12/15 at 4:40 PM, in the resident's room, revealed the resident kept his money in a bible in November. Continued interview revealed the resident had three dollars missing from his bible. Further interview revealed the resident stated "I don't know what happened." Continued interview confirmed the facility refunded three dollars to the resident's account.</p> <p>Review of the investigation for the missing money revealed no documentation of investigative findings.</p> <p>Medical record review revealed Resident #8 was admitted to the facility on 2/13/13 and readmitted</p>	F 226	<p>document timeline of incident. Interview any other staff that might have knowledge of incident. A narrative will be signed and dated by NHA. Report will be completed and information will be in written summary of investigation of facility actions that were taken.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>Abuse and Event Management log to be implemented to ensure compliance on June 1, 2015 by the NHA. The practice will be monitored by the NHA three times per week for four weeks and then monthly, for three months. Monitoring results will be brought to Quality Assurance Performance Improvement Committee for review and evaluation.</p>		

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F 226	<p>Continued From page 4</p> <p>on 4/13/15 with diagnoses including Congestive Heart Failure, Diabetes, Anxiety, Insomnia, Muscle Weakness, Chronic Pain, Depression, Chronic Kidney Disease, Cognitive Deficits, Cellulitis and Abscess of Trunk.</p> <p>Review of the Quarterly MDS dated 3/19/15, revealed the resident had a BIMS 15 (the resident was cognitively intact).</p> <p>Review of a Missing Item Report dated 11/17/14 revealed Registered Nurse (RN) #1 reported the loss of the resident's money. Further review revealed "...Action taken: Reported to Administrator..." Continued review revealed the "further action necessary" and "referred to" sections of the form were not completed.</p> <p>Interview with Resident #8 on 5/12/15 at 1:35 PM, in the resident's room, revealed the resident stored money in a necklace around her neck. Continued interview revealed the resident removed the necklace at night and laid the necklace on the radio. Further interview revealed the resident awoke the next day and realized the five dollars was missing from her necklace. Continued interview revealed she was unsure what happened to the five dollars. Continued interview revealed the resident told the Administrator the money was missing. Further interview confirmed the facility refunded five dollars to the resident's account.</p> <p>Review of the investigation for the missing money revealed no documentation of investigative findings.</p> <p>Review of the facility investigations revealed resident #8's investigation was the only</p>	F 226			

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F 226	<p>Continued From page 5</p> <p>investigation out of the four investigations to have written staff statements regarding the incident of misappropriation of resident's funds.</p> <p>Interview with the Director of Nursing (DON) on 5/12/15 at 2:49 PM, in the conference room, confirmed the facility failed to interview staff and the residents and failed to investigate the misappropriation of resident's funds. Continued interview confirmed the facility failed to follow their abuse policy.</p> <p>Interview with the DON on 5/13/15 at 9:13 AM, in the conference room, confirmed the facility failed to thoroughly document and investigate the misappropriation of funds for residents #100, #116, #47 and #8.</p> <p>Interview with the Administrator on 5/13/15, at 9:32 AM in the conference room, confirmed the facility failed to thoroughly investigate allegations of the misappropriation of the resident's funds for residents #100, #116, #47, and #8.</p>	F 226			